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FULWIDER PATTON LEE & UTECHT, LLP
HOWARD HUGHES CENTER
6060 CENTER DRIVE, TENTH FLOOR
LOS ANGELES, CALIFORNIA 90045
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From:

James Juo

Re:

Application No. 09/483,969

Client/Matter:

VNUS-53427

Number of pages (Incl. this page): 17

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COMMENTS/MESSAGE:

Attached please find:

- 1. Fee Transmittal
- 2. Petition for Two Month Extension of Time
- 3. Amendment After Final

81279.1

| Doc Code: Approved for use through 07/31/2008. CMB 0851-0032 Patent and Tredemark Office: U.S. DEPARTMENT OF COMMERCE | | | | | | | | |
|---|--|-----------|--------------------------------------|----------------|--------------|-------------------------|--------------------------------|--|
| | and to a collection of information unless it displays a valid CAND control number. | | | | | | | |
| Effective on 12/08/2004. Feas pursuent to the Consolidated Appropriatons Act, 2005 (H.R. 4818). | | | Complete if Known | | | | | |
| FEE TRANS | | | Application Null | nber | 09/483,5 | | | |
| | | كالا | Filing Dato First Named In | ventor | Fariey | 19,200 | | |
| for FY 2005 | | | Examiner Name | | C. Redrigeez | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | - | 3763 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) \$225.00 | | | Attorney Docke | t No. | VNUS-53427 | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
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| For the above-identified deposit amount, the Director is hereby enthorized to: (check all that apply) | | | | | | | | |
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| card information and authorization on Pro-case. | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. Basic filing, Search, and Examination Fees Filing Fees Search Fees Examination Fees | | | | | | | | |
| Application Data Fee (9) | Small Entity Eco.(5) | Eee.133 | <u>Samoli Entity</u> Fee (8) | | se (Q) | Email Entity Fee (5) | Erns Pold(\$) | |
| Utility 300 | 160 | 500 | 250 | _ | 200 | 100 | | |
| Design 200 | 100 | 100 | 50 | 1 | 30 | 65 | | |
| Plant 200 | 100 | 300 | 150 | | 60 | 80 | | |
| Reissue 300 | 150 | 500 | 250 | ē | 000 | 300 | | |
| Provisional 200 | 100 | 0 | 0 | | 0 | 0 | | |
| 2. EXCESS CLAIM FEES | | | | | | Fee (§) | Schall Entity Post(8) | |
| Each claim over 20 (including Relsaues) | | | | | | 50 | <u>25</u> | |
| Each Independent claim over 3 (including Relessues) | | | | | | 200 | 100 | |
| Multiple dependent claims | | | | | | 380 Multiple | 180 <u>Departent Claims</u> | |
| Total Claims Fatro Cla | ims Fee (\$) |) | Ess. Enid (8) | | | Ecali | Fee Pold (5) | |
| 20 or HP = | | | 30.00 | | (| | | |
| MP = highest number of total claims paid i | | | Eas Bold (6) | | | | | |
| <u>indep. Cipims</u> <u>Fatro Cloims</u> <u>Pes (\$)</u> <u>Fee Pold (5)</u> 3 or HP = n n | | | | | | | | |
| HP = highest number of independent claims poid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of gaper (excluding electronically filed sequence or computer listing under 97 | | | | | | | | |
| U CFR 1.52(e)), the application size for due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 | | | | | | | | |
| U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Streets Entry Shoots Number of each additional 50 or frestion thereof Fee (S) Fee Paid (S) | | | | | | | | |
| -100 = 0 /50 0 (round up to a whole number) x 3125.00 = 50.00 | | | | | | | | |
| 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., lab filing surcharge): Two Month Extensions of Time \$225.00 | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| Signature | | | Registration No. (Attornoy/Agant) | 36,1 | 77 | Telaphone | (310) 624-5555 | |
| Name (Print/Type) | | Jomes Juo | | | | Date | 6/21/2005 | |

This collection of information is residined by 37 CPR 1.136. The information is required to obtain or rotain a barrafil by the public which is to file (end by the USPTO to processe) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the complete implication form to the USPTO. Time will very departing upon the Individual cases. Any comments on the amount of time you require to complete this form or the surgestations for rotating this burden, chought as early to the Chief Information Offices, U.S. Patient and Trademort Offices, U.S. Department of Commerce, P.O. 80x 1450, Alexandra, VA 22313-1450. DO NOT SEND FEES OR CONFLETED FORMS TO THIS ADDRESS. SEND TO: Commitmators for Patients, P.O. 80x 1450, Alexandra, VA 22313-1459.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

6/21/2005

Appl. No.

: 09/483,969

Applicant

: Farley, et al

Filed

: January 18, 2000

Title.

: METHOD AND APPARATUS FOR VENOUS

INSUFFICIENCY USING DIRECTIONALLY APPLIED

ENERGY

Art Unit

: 3763

Examiner

: C. Rodriguez

Docket No.:

: VNUS-53427

Customer No.

: 24201

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

<u>AMENDMENT AFTER FINAL</u>

Dear Sir:

This communication is responsive to the final Office action of January 21, 2005, and the later Advisory Action, the response for which is due June 21, 2005, with a twomonth extension of time.

Amendments to the claims start on page 2.

Remarks start on page 11.